Cornerstone Christian Academy Notice of Planned Absence Form

2018-2019

Students may use up to 5 days per school year

Number of Davis Davis	u octod.				
Number of Days Requirement Contract:	uestea:				
I,			, th	e parent/guardian of	
				o hereby request that my child	
				o participate in a Planned	
Absence. My signature b					
, ,				ing this time. I understand that	
my child will be held res	•	-	•	_	
	Parent/Guardian Signa	ture		Date	
Student Contract.					
Student Contract:					
I,	rk during the time that I	am away from		nderstand that I am responsible nned Absence. I agree that I	
will complete all assignn	_			_	
Student Signature				Date	
	FOR	OFFICE USE	ONLY		
	Status of Request:	Approv	vedDe	nied	
	Administrator's Signature			Date	

Cornerstone Christian Academy

Planned Absence Survey

To Be Completed after You Return

St	udent's Name:			
Da	ate(s) of Planned Absence Days:			
Content Enhanced by Trip:				
	 Reading Math Social Studies Language Arts Fine Arts Practical Living 			
1.	List the places you visited while you were on the trip:			
2.	List the life skills used on the trip:			
3.	Where did you stay while on this educational trip?			
	How did this trip relate to your current studies?			
 5.	Why do you think Planned Absence Days are valuable to parents and students?			